



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Glaucia PARANHOS-BACCALA et al.

Group Art Unit: 1645

Application No.: 09/138,735

Examiner: A. M. Navarro

Filed: August 24, 1998

Docket No.: WPB 36400B

For: TRYPANOSOMA CRUZI ANTIGEN, GENE ENCODING THEREFOR AND
METHODS OF DETECTING AND TREATING CHAGAS DISEASE

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

After entry of the Amendment After Final Rejection filed August 22, 2003, please
consider the following:

Amendments to the Claims as reflected in the listing of claims; and

Remarks.

05/12/2004 SSITHIB1 00000128 09138735

02 FC:1201
03 FC:1202

172.00 OP
36.00 OP

OLIFF & BERRIDGE, PLC
P.O. Box 19928
Alexandria, Virginia 22320
Telephone: (703) 836-6400
Facsimile: (703) 836-2787



PATENT APPLICATION

Attorney Docket No.: WPB 36400B

AMENDMENT TRANSMITTAL

In re the Application of

Glaucia PARANHOS-BACCALA et al.

Group Art Unit: 1645

Application No.: 09/138,735

Examiner: A. M. Navarro

Filed: August 24, 1998

For: TRYPANOSOMA CRUZI ANTIGEN, GENE ENCODING THEREFOR AND METHODS OF
DETECTING AND TREATING CHAGAS DISEASE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.
☐ Small entity status of this application has been established.

The filing fee has been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL CLAIMS	*34 MINUS	**32	=2	x 9	\$		x 18	\$ 36
INDEP CLAIMS	*9 MINUS	***7	=2	x 43	\$		x 86	\$ 172
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 145	\$		+290	\$
					\$			\$ 208

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 153925 in the amount of \$208 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

William P. Berridge
Registration No. 30,024

Melanie L. Mealy
Registration No. 40,085

WPB:MLM/al

Date: May 11, 2004